STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyis	t(s)	udy E	. Re	ardon		
II. Name of lobbyis						
(N	ame of partners	hip, firm or corpo	ration)		<u> </u>	
Business Address: (Anovea Street)	Street	Manch Fown/City)	ester	NH (State)	O3104 (Zip Code)
603 <u>H93-</u> (Telephone	4319	()	(Fax)	e-m	ail Judy r	cardong com cast. n
III. This statement reportable expense						y file a separate report for
All reportable tra	ansactions occ	urring in the mo	nths prior to the	reporting da	te relative to th	e following client:
Protect	the (Full Name	Granite of Client as it app	State ears on the Dobb	YNC.	on Form)	
<u>OR</u>	(, 0	,	
☐ All reportable tra unrelated to any part	_	ne lobbyist (incl	uding the lobby	ist's family),	or the lobbying	g firm listed below which are
IV. Date of Report Reports cover: ac	•	2018 🗌 of registration to	3/31/18	activity from 4	5, 2018	
		1, 2018			y 30, 2019 🔀 <i>10/1/18 to 12/31</i> /	/18
V. There have be If this box is checked Concord, NH 03301	d, complete jus					he last report. Citate House, Room 204,
VI. Check if addition	onal reports a	re attached:	•			
X If you have rece		-	· ·			
☐ If you have paid Expense Reimburse		n or reimbursed	expenses, you	must file Add	lendum B– Re	port of Honorariums or
-		ly has made pol	itical contributi	ons, you mus	t file Addendu	m C- Political Contributions
and complete to the	RSA 15-B, R best of my kno	SA 14-C and RS owledge and bel	ief.			RECEIVED JAN 1 4 2019
(Print Name of lobb	E. Rea	rdon	_			IAN 1 / 2010
	<i></i> ,					
						NEW HAMPSHIRE DEPARTMENT OF STATE

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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I. Name of Lobbyist(s) Judy E. Reardon	
II. Name of lobbyist's partnership, firm or corporation, if any:	
	······································
(Name of partnership, firm or corporation)	Du 01/11/2019
III. Name of Client Protect the Granite State	Date 01/14/2019
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 1,000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$
c) Total of all fees received to date (Add lines a and b)	c) \$ 4,000
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid aggregate total of all expenses; (b) the aggregate total of all e: meals purchased during a business as than \$10 that is given to the person d with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a tr than \$25, but not greater than \$50 expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report		
f) Total of all expenses year to date	f) \$	0
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	ı lobbying fees	during this reporting
Paid to:	Amount:	
	\$	
· · · · · · · · · · · · · · · · · · ·	\$	
·	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affinistrue and complete to the best of my knowledge and belief.	irm that the fo	oregoing information
(Signature of lobbyist) Tudy E Reardon (Print Name of lobbyist)	01 (1	11/2019

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	ludy E.	Reardon	
II. Name of lobbyist's partnersh	l		
•	•		
(Name of partnership,	-		
III. Name of Client Protec	et the Gra	nite State	Date 01/14/2019
Political Contributions For each political contribution th client/lobbyist and lobbying firm	nat is reportable pu	irsuant to RSA Chapte	
onone root, to the root, and			
Full name of candidate:	(Last Name)	erman fn (First Name)	State Senate (Middle Name/Initial)
			Seeking State Senate
If the contribution is an in-kind con actual cost of the in-kind contribution enter an estimated value and the wo	on on the line above	description of the goods for amount of contribut	or services provided, and enter the ion. If the actual cost is not known,
enter all estimated value and the we		,	
	schult	72	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$1 D		,	Seeking State Rep
If the contribution is an in-kind con	ntribution, provide a ion on the line abov	description of the goods	s or services provided, and enter the tion. If the actual cost is not known,
Full name of candidate:			
I dil limito of calididate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is Seeking	

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) O1/14/2019 (Date)
(Print Name of lobbyist)